

FUNDING APPLICATION

Sexual Assault Specialized Services

July 1, 2010 - June 30, 2011

Due May 10, 2010



Office of Crime Victims Advocacy
Department of Commerce
906 Columbia Street SW
PO Box 48304
Olympia, Washington 98504-8304



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Application Due: May 10, 2010

No applications will be accepted after May 10, 2010 without prior written approval from the OCVA Sexual Assault Services Program Manager.

This application and all of the applicable forms are available in PDF, Word and/or Excel format on the OCVA web page at: www.ocva.wa.gov.

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Specialized Sexual Assault Services

Fiscal Year 2011

1. Introduction

This is an application for Fiscal Year 2011 (July 1, 2010 – June 30, 2011) Specialized Sexual Assault Services funding. In May 2009, Specialized Services Applicants submitted two-year proposals in response to the 2009-2011 Request for Proposals (RFP) for Specialized Services. Through this RFP, OCVA determined Specialized Services Awards for FY 2010 and FY 2011. Grants for the first year were awarded for the period July 1, 2009 - June 30, 2010. This FY 2011 application is required for all grantees who received an award through the 2009 - 2011 RFP and will be used to write the second year grants for July 1, 2010 - June 30, 2011. Only agencies and organizations that received an award through the 2009 - 2011 RFP should respond to this application.

For this application, the Office of Crime Victims Advocacy (OCVA) requires the following information from current Specialized Services Grantees:

- 1) Updated agency/organization information
- 2) Service Assessment and FY 11 Services Plan Form
- 3) Proposed services (determined by your region's community planning process in the spring of 2009)
- 4) Support Group Detailed Outline (s), if applicable
- 5) FY 2011 budget worksheets
- 6) Training information for staff or subcontractors performing specialized services

This application is also available online at <http://www.ocva.wa.gov>.

2. Funds Available

FY 2011 Specialized Sexual Assault Services funding is expected to remain at the current level. You should develop your budget based on your current Specialized Services grant award. We will send you more information and an updated regional funding distribution chart when state and federal funding amounts are finalized.

This funding is allocated by formula to regions. For regions where there is more than one grantee, applicants need to ensure that their combined budgets do not exceed the region's allocation of Specialized Services funding.

3. Eligible Services

The configuration of services and the allocation of funding among the region's service providers must reflect the decisions your region made in its two-year community planning process conducted as part of the 2009-2011 RFP process. If a region wishes to change the configuration of services and/or the proportion of funding among current Specialized Services grantees, it must conduct another community planning process. The application must include a detailed description of the process as outlined in Attachment F.

For example, if in Fiscal Year 2010 there were two agencies that received Specialized Services funding, Agency A received 40% of the region's funding to provide therapy and Agency B received 60% of the region's funding to provide therapy and support groups. The FY 2011 funding allocation should reflect the same proportion of funding to each agency for the same configuration of services.

It is not necessary to conduct another planning process as long as the configuration of services and the proportion of funding among current specialized providers will remain the same as it was for FY 2010.

The eligible Specialized Sexual Assault Services are: Therapy, Support Groups, and Medical Social Work. Definitions and descriptions of these services are outlined in the Specialized Sexual Assault Service Standards, Attachment A. Proposed services must be delivered according to these Service Standards. All proposed service activities must be consistent with the eligible activities listed in the Service Standards.

Grantees who elect to provide therapy services with specialized funds **must bill** Crime Victims Compensation and/or private insurance resources first when these resources are available and applicable. OCVA can be billed for un-reimbursed therapy costs, or for therapy services, which are not billable to private insurance or Crime Victims Compensation.

4. Billing

Grantees may request reimbursement for services either monthly or quarterly.

4(A). Billing for Therapy Services

Grantees who elect to provide therapy services with Specialized funds must bill Crime Victims Compensation and/or private insurance resources first when these resources are available and applicable. OCVA may be billed for un-reimbursed therapy costs for therapy services that are not billable to private insurance or Crime Victims Compensation.

4(B). Indirect/Overhead Costs

You may include up to fifteen percent (15%) for Indirect/Overhead costs. This may include both facilities and administrative costs of running your organization. Administrative and facilities costs could include costs such as audits, building maintenance, janitorial services,

and costs of paying for the salaries and benefits of an executive director, accountant, computer specialist, and a portion of the associated office costs for these staff. Mortgage payments and other costs associated with building ownership are also considered indirect/overhead costs.

5. Data Collection and Reporting Requirements

Grantees must submit quarterly data reports through InfoNet. For the Year Two grant, InfoNet data will be due no later than October 15, 2010, January 15, 2011, April 15, 2011 and with the final invoice.

OCVA program staff may conduct periodic checks for compliance with these requirements during the grant period of performance. Noncompliance may result in suspension of payments to the grantee under this grant.

6. No Obligation to Grant

This application does not obligate the state of Washington or Commerce to grant for services specified herein. Funding under this program shall not constitute an obligation by the State of Washington to provide ongoing funding. Applications submitted become the property of Commerce and cannot be returned.

7. Submission of Application and Due Date

One clearly marked original application and one unbound copy, whether mailed or hand delivered, must be received by OCVA no later than 5:00 p.m. local time in Olympia, Washington on May 10, 2010. The application and copy are to be sent to the application coordinator at the address shown below.

Applicants should allow normal mail delivery time to ensure timely receipt of their application by the application coordinator.

Stephanie Condon, Program Manager
Office of Crime Victims Advocacy
Department of Commerce
906 Columbia St. SW
P O Box 48304
Olympia, WA 98504-8304

No electronic (fax or e-mailed) applications will be accepted. All of the completed proposal materials must be received at the above address by **May 10, 2010**, no later than 5:00 pm.

Applications that are not received by this time will not be accepted without prior written approval of the OCVA sexual assault services program manager.

8. Definition of Terms

For the purpose of this application, the following words/phrases are defined to clarify the Department's use of said terms.

Accreditation: A process to determine if an agency meets the Washington State service and management standards for core sexual assault services.

Community Sexual Assault Program (CSAP): An agency or program that has been accredited as a provider of core sexual assault services in the State of Washington and is thus entitled to non-competitive funding for core services in the region in which that agency/program operates.

Core Services: Information, Referral and Awareness, Crisis Intervention, Legal Advocacy, Medical Advocacy, General Advocacy, Systems Coordination, Prevention: Community Development, Prevention: Building Skills. See Attachment B for detailed description.

Marginalized: refers to persons in communities that include, but are not limited to, members of the lesbian, gay, bisexual, transgender, queer community; individuals with disabilities (physical, mental, developmental or other); ethnic and racial minorities; and Native American communities.

Outreach: Related to the Core Service of General Advocacy, outreach is follow-up contact with sexual assault victims to listen, provide information about options and referral resources, and to support the client's choices.

Region: The geographical area (one or more counties) designated by OCVA based on recommendations from the Washington State Sexual Assault Services Advisory Committee as a unit for the purposes of funding allocation.

Secondary Victim: A person who is either a family member or someone who is closely associated with the victim, and is impacted by the assault/abuse, but is not the perpetrator of the sexual abuse/assault.

Specialized Services: Therapy, Support Groups, and Medical Social Work. See Attachment A for detailed descriptions. Services proposed must be consistent with these definitions.

Tribal Organization: An organization that is administered by Native Americans and whose primary mission is to serve Native Americans.

Underserved: Underserved refers to individuals, populations or communities for whom no treatment services exist; or there are gaps in existing services; or access to services are inhibited by barriers such as, but not limited to, race, ethnicity, culture, age, sexual orientation, financial status, geographic isolation, or physical constraints.

Victim/Primary Victim: The person who has been subjected to a sex offense or an attempted sex offense, as defined by the Victim of Crime Act (VOCA) and/or WA RCW Chapter 9A.64, 9A.44, 9A.64, and 9A.88. The terms sexual abuse and sexual assault are used interchangeably in this RFP

and refer to the broad continuum of sex offenses described in WA RCW Chapter 9.68A, 9A.44, 9A.64, and 9A.88.

Victim-Centered: The provision of culturally appropriate and immediately available services based on the unique needs and circumstances of victims and survivors. Services are specific, client-focused and driven by the individuals impacted by sexual abuse/assault.

9. Application Summary

Following is an explanation of the required forms and/or materials applicants must submit:

Agency/Organization Information

Complete the Agency/Organization Information Form on pages 11 and 12. Please complete all of the information.

Subcontractor Information

If this is a proposal with one lead agency and one or more subcontractor, you will need to complete the Subcontractor Information Form for each subcontractor, page 13.

Proposed Services

You must complete the Service Assessment and FY 11 Services Plan Form (page 16). This form will serve as a tool for the grantee and OCVA in ensuring services reflect the community planning process conducted in FY 09. The form will also assist in identifying if the proposed services for FY 11 address any challenges or barriers that the program or contractors may have experienced in FY 10. Then, complete the proposed Specialized Services Form (page 18).

A sample of a proposed Specialized Services Form is on page 17. The sample represents a few of the eligible activities and could be used as an example of how to describe your proposed services. Please use this sample as a template for how to outline your proposed services. It is important that your proposed services are written clearly as they will be used to develop your grant's statement of work.

Support Group Outline(s)

If your agency is proposing to provide support groups, a detailed outline that clearly identifies goals, objectives and session topics for each type of group must be submitted with this application. A sample Support Group Outline Form can be found on page 19 for your use as needed.

Budget

On page 21 you will find budget terms and definitions. Please complete the blank budget detail worksheets on pages 24-31.

Budget Justification

On page 23 you will find budget justification instructions. Please provide a budget justification for expenses listed within each line item of your proposed budget.

Training Requirements and Qualifications

All providers of Specialized Sexual Assault Services must complete initial and ongoing training requirements. These requirements are summarized on pages 32-33. Additional information regarding training and qualifications is outlined in the Specialized Services Standards, Attachment A. Training forms may be found in Attachments C and D.

Agency/Organization Information Form

All information is required.

Agency/Organization Name: 		Agency Accounting Period: (Ex: Jan – Dec; Jul – Jun) 	
Address: 		Did you expend \$500,000 in federal funds during your past fiscal year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Did your agency expend \$100,000 of state funds during your past fiscal year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
City:	State:	ZIP:	
Applicant is: <input type="checkbox"/> Local Government <input type="checkbox"/> Federally Recognized Tribe <input type="checkbox"/> Non-profit Organization <input type="checkbox"/> Tribal Organization (refer to Definition of Terms)			
Mailing address (if different than above):			
City:	State:	ZIP:	
Phone:	Fax:	E-mail:	
Primary Contact Person – and Job Title		Fiscal or Secondary Contact:	
Primary Contact's Phone:		Fiscal or Secondary Contact's Phone:	
Primary Contact's E-mail:		Fiscal or Secondary Contact's E-mail:	
Federal employer identification number:		Washington State tax registration number (UBI# if applicable):	

Agency/Organization Information Form

continued

Indicate if each facility from which the grantee will carry out the project's scope of work complies with the requirements set forth for accessibility by the Americans with Disabilities Act. If the facility currently does not meet those requirements, how would you accommodate individuals with disabilities who requested services?

For providers of Medical Social Work only, please provide the organization's Crime Victim's Compensation (CVC) provider number.

CVC Provider Number_____

Subcontractor Information Form

Subcontractor Name:		
Address:		
City:	State:	ZIP:
<i>Mailing address (if different than above):</i>		
<i>City:</i>	<i>State:</i>	<i>ZIP:</i>
Phone:	Fax:	
Primary Contact Person - and Job Title:		
Primary Contact's Phone:	Primary Contact's E-mail:	
<p>Indicate if each facility from which the subcontractor will carry out the project's scope of work complies with the requirements set forth for accessibility by the Americans with Disabilities Act. If the facility currently does not meet those requirements, how would you accommodate individuals with disabilities who requested services?</p>		
Did this subcontractor expend \$500,000 in federal funds during the past fiscal year? <input type="checkbox"/> YES <input type="checkbox"/> NO	Did this subcontractor expend \$100,000 of state funds during the past fiscal year? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Service Assessment, Plan and Proposed Services

Your region's plan for Specialized Sexual Assault Services is to cover a **one-year** project period.

1) Complete the Service Assessment and FY 11 Services Plan Form

Fill in the Service Assessment and FY 11 Services Plan Form with the requested information. The purpose of this form is to gather information on the prioritization of services identified in the community planning process, list proposed services from FY 10, indicate whether implementation of services was successful or if there were challenges, and outline the plan for services in FY 11. This form will serve as a tool for the grantee and OCVA program coordinator in ensuring services reflect the community planning process. The form will also assist in identifying if the proposed services for FY 11 address any challenges or barriers that the program or subcontractors may have experienced in FY 10.

2) Complete the Proposed Services Form

Complete a Proposed Services Form for services for the 2011 fiscal year (July 1, 2010 – June 30, 2011). This form must be completed with **all** of the requested information, as your contract Statement of Work will be generated from this form.

3) Support Groups

- Agencies who are proposing support groups must include a detailed outline for the group that clearly identifies goals and objectives for the group as well as session topics.
- A sample Support Group Outline Form (page 19) is provided for your use as needed.

SAMPLE SERVICE ASSESSMENT AND FY 11 SERVICE PLAN			
Services prioritized in FY 10/11 Community Planning Process This list should include all services provided during FY10; and services prioritized in the Community Planning Process, but not provided in FY10.	Outcome: utilization, implementation, clients served/hours of service Were services successful? Were there barriers to success?	Brief description of why services were successful and/or describe the barriers to success.	FY 11 proposed services¹ and rationale for those services² you are including if there were barriers to success this past year.
System Coordination: Increase collaboration and develop partnerships with other community groups and agencies to reach male victims Support Group for male victims	10 contacts/meetings with groups/agencies regarding services for males– very successful Increase in referrals for male victims (5 referrals) - successful Support group: low demand, unsuccessful	Collaboration and developing partnerships– successful due to staff contacting community groups and agencies Group: only 3 adolescent males were ready for a group, 1 person cancelled	20 contacts/meetings with schools and other service providers 1 support group for adolescent male victims of sexual abuse (we have been working with 5 male adolescent survivors who expressed interest in a group, outreach has shown to increase referrals)
General, Legal and Medical Advocacy Services	Additional 20 victims served/74 hours of advocacy provided – very successful	Advocacy – increased amount of time to meet needs of victims in need of support and follow-up, more victims served	General, Legal and Medical Advocacy Services: increased need in community (outreach above will generate referrals)
Therapy for children, youth, adults, primary/secondary	Additional 350 hours of therapy services provided through Specialized grant	Very successful: increase in hours of service provided to children, adults, youth and secondary victims. Funding used as allocated.	Therapy: children, youth, adults, primary/secondary victims
Support Group for adult female survivors of childhood sexual abuse.- Not provided in FY10			This group was not proposed last year although the population was prioritized during the Community Planning Process because at the time of applying, we did not have any victims requesting this service. Currently 3 women are on a waiting list to receive this service.

¹ Based on gaps in services or identified underserved population determined during the FY 10/11 Community Planning Process.

² Services must be consistent with the definitions of Specialized Sexual Assault Service Standards, Attachment A or Core Sexual Assault Service Standards, Attachment B.

SERVICE ASSESSMENT AND FY 11 SERVICE PLAN			
Services prioritized in FY 10/11 Community Planning Process This list should include all services provided during FY10; and services prioritized in the Community Planning Process, but not provided in FY10.	Outcome: utilization, implementation, clients served/hours of service Were services successful? Were there barriers to success?	Brief description of why services were successful and/or describe the barriers to success.	FY 11 proposed services¹ and rationale for those services² you are including if there were barriers to success this past year.

¹ Based on gaps in services or identified underserved population determined during the FY 10/11 Community Planning Process.

² Services must be consistent with the definitions of Specialized Sexual Assault Service Standards, Attachment A or Core Sexual Assault Service Standards, Attachment B.

SAMPLE Year Two Proposed Service Form

Staff Name and Position	Type of Service	Geographic Area to be served	Description of Service & Population to be Served	Approx. # of People to Receive Service
Kelly Doe, Support Group Facilitator	Support Group	Thurston County	Provide two 8-week groups for adult female victims of sexual assault	10
Tina Jones, Support Group Facilitator	Support Group	Thurston County	Provide one 10-week group for male survivors of child sexual abuse	8
Tina Jones, Support Group Facilitator	Support Group	Thurston County	Provide two 8-week groups for parents and non-offending caregivers of child victim of sexual abuse	10
Nicole Smith Therapist	Therapy	Thurston County	Provide Individual Therapy to female adolescent victims of sexual assault	15
Ron Foster Therapist	Family Therapy	Thurston County	Provide Family Therapy for families of male victims of sexual abuse	6
Nicole Smith Ron Foster Therapists	Group Therapy	Thurston County	Provide two 8-week Therapy Groups for male adolescent survivors of child sexual abuse	6
Jill Lyon Nurse Practioner	Medical Social Work	Thurston County	Provide Medical Social Work for child and vulnerable adult victims of sexual abuse and assault	75

Year Two Proposed Service Form

Staff Name and Position	Type of Service	Geographic Area to be served	Description of Service and Population to be Served	Approx. # of People to Receive Service

For Support Group and Therapy Services: Please list the name(s) and title of the individual who will be providing supervision and case consultation.

Support Group Facilitators:

Supervision provided by: _____

Consultation provided by: _____

Therapists:

Regular supervision, consultation and/or review of cases provided by: _____

SAMPLE
SUPPORT GROUP FOR SEXUAL ASSAULT SURVIVORS
Adult Female Victims of Child Sexual Abuse

SESSION	TOPIC	DESCRIPTION OF SESSION
1	Introduction/ Orientation	Goal: Establish ground rules and create safe environment for participants. Objective: Design ground rules with group, review confidentiality, discuss group structure and share hopes and fears.
2	Societal Framework of Sexual Assault	Goal: Explore issues of sexual violence in a societal framework. Objective: Discuss media stereotypes, rape myths and socialization. Create art project of positive portrayals of women in our culture.
3	Sexual Assault: Rape and Incest	Goal: Define the nature of rape and incest. Explore impacts on the family and how culture, values, and beliefs play a role. Objective: Discuss definitions and how it impacts family. Discussion on effects of abuse on family members using guided questions.
4	Sexual Abuse/Assault and Mental Health	Goal: Discuss how sexual abuse/assault effect health and mental health. Objective: Review “Normal Responses to Trauma” handout. Address groups’ issues with self-care and receiving care.
5	Self-Esteem and Coping with Victimization	Goal: Discuss how to build healthy relationships and strategies for communication. Explore how to manage conflict with others. Objective: Define positive and negative self-talk and the steps toward moving to acceptance. Provide discussion on the challenges of living in relationship with friends and family who are victim blaming. Identify self-care associated with interacting with friends and family.
6	Grief & Anger	Goal: Manage grief and anger in the context of sexual assault. Objective: Brainstorm feeling responses to trauma. Discuss feelings of grief and anger experienced by group attendees and healthy coping strategies.
7	Parent-Child Relationship Re: Impact of Abuse	Goal: Ameliorate the effects of the abuse and its impact on parent-child relationships. Objective: Discuss relationship within the family, how it affects family members, and how culture and values play a role. Reflect on art project from Session 2.
8	Community Resources and Community Involvement	Goal: Provide information on existing community resources; including where to receive assistance, how to provide peer support, how to be connected to the community. Objective: Review “Resources” handout. Design and share “6-week Self-Care” goals and strategies.
9	Review and Follow Up Group Discussion	Goal: Review learning gained from last eight sessions Objective: Group discussion of learning. Question and answer of previous sessions. Complete evaluations.
10	Closing	Goal: Celebrate learning and completion. Objective: Pot luck, review “6-week Self-Care” plan and strategize for next steps.

Support Group Outline Form

*FY 2011 Sexual Assault Specialized Services
For each Support Group provide a detailed outline
or complete a "Support Group Outline Form".*

Agency Name: _____

Name/population of group: _____ Number of Sessions: _____

Complete the following outline or provide your own outline with a session number, topic heading and description of the group session. *Note: The "goal" is where you want the group to get to and the "objective" is how to get there. Use additional pages as needed. You may attach a copy of your support group outline as long as it has all of the required information.*

Session # and Topic Heading	Description of Session
	Goal: Objective:
	Goal: Objective:
	Goal: Objective:
	Goal: Objective:
	Goal: Objective:
	Goal: Objective:
	Goal: Objective:

Budget Terms and Definitions

The budget is divided into five categories. Below are definitions for the different categories. Under each section provide a breakdown within the category that specifies the individual cost per item. For example, within "Salaries" list the names of staff members assigned to this project, their position title, the percentage of their salary that this grant will fund, and the total amount you are requesting for their salary. Within "Subcontracts" list all subcontractors that will receive Specialized Services Funding and the total amount you are requesting for each contract.

Supervision and consultation services for support group facilitators and therapists may be billed to the grant. Costs associated with these activities may be subcontracted to an individual or company or may be reimbursed under "salaries" for staff within the organization if they meet the qualifications criteria.

Equipment (items over \$5,000) is **not** an allowable expense.

Salaries: The cost of paying staff salaries to:

- provide direct services to clients,
- supervise employees who are providing direct services, and
- for support staff such as a bookkeeper or receptionist (this can also go into Indirect/Overhead, see the Indirect/Overhead section below).

Benefits: The cost of paying payroll taxes, insurance and other fringe benefits of staff listed in the Salaries category.

Subcontracts: The cost to pay individuals and/or companies to provide subcontracted services. Subcontract costs must be explained in the budget.

Goods and Services: Goods and services must be related to the provision of Specialized or Core Services enhanced with Specialized funding (Enhanced Core). Only those costs, such as supplies, utilities, rent, professional liability insurance, travel and telephone that are incurred providing Specialized and Enhanced Core Services can be included here. Costs related to general administration or services other than Specialized or Enhanced Core need to be allocated accordingly. Attach an additional page, if needed, to provide complete information.

For example, one way of budgeting shared Goods and Services costs is by using the percentage of FTEs (Full-Time Equivalencies) method.

For example, there are 2 staff, Mary and Anita, who will both spend 50% of their time providing services for the OCVA sexual assault grant, which equals a total of 1.0 FTE. Let's say the agency has 3 other employees who do not provide sexual assault services but whose combined %

FTE equals 3.0. In this case, expenses that are 'shared,' such as phone and utilities, would be split 25:75.

-If the telephone expense is \$300 a month, multiply it by 12 months (the length of the grant year) and then multiply it by 25%.

-Calculate the utilities bill and other 'shared' expenses the same way.

Direct Goods and Services costs are those that are specific to the OCVA sexual assault grant:

- *If you must travel to assist clients, conduct outreach or attend trainings as part of your OCVA sexual assault grant, the total cost of travel would be charged to the OCVA sexual assault grant.*

Travel expenses incurred or paid by the grantee shall be reimbursed at a rate not to exceed the current state rate and in accordance with the State of Washington Office of Financial Management Travel Regulations. Current rates for travel may be accessed at

<http://www.ofm.wa.gov/resources/travel/colormap.pdf>.

Indirect/Overhead: You may include up to fifteen percent (15%) for Indirect/Overhead costs. This may include both facilities and administrative costs of running your organization. Administrative and facilities costs could include costs such as audits, building maintenance, janitorial services, and costs of paying for the salaries and benefits of an executive director, accountant, computer specialist, and a portion of the associated office costs for these staff. Mortgage payments and other costs associated with building ownership are also considered indirect/overhead costs.

Audit Costs: Agencies that are subject to A-133 audit requirements may allocate a pro-rated portion of audit costs to the goods and services portion of the budget. For agencies not subject to A-133 audit requirements, audit costs must be allocated to indirect/overhead.

NOTE: Grantees who elect to provide therapy services with Specialized Services dollars must bill Crime Victims Compensation and/or private insurance resources first when these resources are available and applicable. OCVA can be billed for un-reimbursed therapy costs, or for therapy services, which are not billable to private insurance or Crime Victims Compensation.

Budget Justification

You must include descriptions of costs for each line item in your budget. You can provide this information on the budget detail worksheets or you may attach additional pages.

For example:

Indirect/Overhead – Rent and occupancy - \$5,000

Cost of rent, utilities, phone and maintenance for providing sexual assault services based on your agency's cost allocation plan.

Goods and Services – Printing - \$1,000

Cost to print new therapy services outreach brochures and psycho-educational support group curricula materials.

Goods and Services – Training - \$1,400

Cost to send six staff members working under this grant to approximately two in-state trainings annually. This includes registration, travel, lodging and meals.

If your region has elected to enhance Core Services with Specialized Services funding, you must indicate the total amount of Specialized Services funding that will enhance Core Services on the budget form. You must also provide an explanation in your budget justification of what those funds will support.

YEAR TWO BUDGET DETAIL WORKSHEET

FY 2011 Specialized Sexual Assault Services Funding

Agency Name: _____

Please complete the proposed budget worksheets. Round all costs to the nearest dollar. Not all categories may be applicable to your budget.

Salaries - List each position to be paid with Specialized funds by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to Specialized Services. Salaries may include individuals providing direct services, individuals performing work directly related to the grant, and individuals supervising such employees. If the employee provides many different services, such as administration or work for another grant, reimbursement for that portion of the employee's salary needs to be allocated accordingly.

Name/Position <i>(sample)</i>	Computation (<u>annual salary rate</u> and percentage of time charged to services) <i>(sample)</i>	Cost for Specialized Services <i>(sample)</i>
Jane/Doe/Advocate and Support Group Facilitator	\$26,000 x 50% (.50 FTE)	\$13,000
TOTAL SALARIES		

List activities associated with all positions above. *Example: Full time position of which 50% of time is dedicated to specialized services to conduct five support groups.*

YEAR TWO BUDGET DETAIL WORKSHEET

FY 2011 Specialized Sexual Assault Services Funding

Agency Name: _____

Benefits - Must be for the personnel named in salaries. Benefits should be based on actual known costs or an established formula. Benefits should only be for the percentage of time devoted to these services. Only the allocable portion of costs such as employer payroll taxes, insurance and other fringe benefits for personnel listed above may be included in this category.

Benefit Description for Name/Position	Computation	Cost for Specialized Services
<i>(sample)</i>	<i>(sample)</i>	<i>(sample)</i>
<i>Medical for Jane/Doe/Advocate and Support Group Facilitator</i>	<i>\$10,000 x 50% (.50 FTE)</i>	<i>\$5,000</i>
TOTAL BENEFITS		

List benefits associated with all positions above.

YEAR TWO BUDGET DETAIL WORKSHEET

FY 2011 Specialized Sexual Assault Services Funding

Agency Name: _____

Subcontracted Services and Consultant Fees - List subcontractors needed to provide the proposed services.

Subcontracted Service/Consultant	Computation	Cost for Specialized Services
<i>(sample)</i>	<i>(sample)</i>	<i>(sample)</i>
<i>Jenny Doe/Therapist</i>	<i>350 hrs therapy sessions @ \$75/hr</i>	<i>\$26,250</i>
TOTAL SUBCONTRACTED SERVICES		

Provide a description of the services that will be performed by subcontractors, such as therapists, trainers and speakers. *Example: Under this grant the agency provides therapy services 2 days per week for victims of sexual assault/abuse and clinical consultant.*

YEAR TWO BUDGET DETAIL WORKSHEET

FY 2011 Specialized Sexual Assault Services Funding

Agency Name: _____

Goods and Services - Goods and services must be related to the provision of Specialized services. Only those costs, such as supplies, utilities, rent, professional liability insurance, travel and telephone that are incurred providing Specialized services can be included here. Costs related to general administration or services other than Specialized need to be allocated accordingly. Attach a separate sheet if needed to provide complete information.

Item Description	Computation	Cost for Specialized Services
<i>(sample)</i>	<i>(sample)</i>	<i>(sample)</i>
<i>Training for 2 therapists</i>	<i>\$600 x 2 therapists</i>	<i>\$1,200</i>
TOTAL GOODS AND SERVICES		

Describe the costs listed above and list activities associated with these items. *Example: To send two therapists for ongoing training to the annual Children's Justice Conference; includes registration fee, travel and per diem.*

YEAR TWO BUDGET DETAIL WORKSHEET

FY 2011 Specialized Sexual Assault Services Funding

Agency Name: _____

Indirect Overhead - This may include both facilities and administrative costs of running your organization. Administrative and facilities costs could include costs such as audits, building maintenance, janitorial services, and costs of paying for the salaries and benefits of an executive director, accountant, computer specialist, and a portion of the associated office costs for these staff. Mortgage payments and other costs associated with building ownership are also considered indirect/overhead costs. You can include no more than 15% of your total budget amount requested for Indirect/Overhead costs.

Granted Service/Consultant	Computation	Cost for Specialized Services
<i>(sample)</i>	<i>(sample)</i>	<i>(sample)</i>
<i>Jessie Doe/Executive Director</i>	<i>15%/month of Executive Director's time X 12 months</i>	<i>\$10,100</i>
TOTAL INDIRECT OVERHEAD		

Describe the costs listed above and list activities associated with these items. *Example: Time associated with Executive Director to supervise and manage the grant.*

BUDGET DETAIL WORKSHEET SUMMARY

FY 2011 Specialized Sexual Assault Services Funding

Agency Name: _____

Budget Summary - When you have completed the budget detail worksheets, transfer the totals for each category to the spaces below.

If applicable, Portion of Specialized Budget allocated for Core Services _____

<u>Budget Categories</u>	<u>Specialized Services Amount</u>
Salaries	\$ _____
Benefits	\$ _____
Subcontracted Services	\$ _____
Goods and Services	\$ _____
Indirect Overhead	\$ _____
Total Grant Amount	\$ _____

YEAR TWO BUDGET DETAIL WORKSHEET

FY 2011 Specialized Sexual Assault Services Funding

Agency Name: _____

Budget Adds - In **priority** order, identify what should be added to your proposed grant budget should additional dollars be available. Total adds should equal, or be close to, a maximum of \$5,000. Provide ALL the information requested.

Line Item Category and Item Description	Computation	Amount
e.g. Healing Workbooks for victims in Support Groups/Therapy	\$15 each x 30 victims/survivors	\$ 450
TOTAL ADD AMOUNT		

Provide a description of the expenses to be added to your proposed budget.

YEAR TWO BUDGET DETAIL WORKSHEET

FY 2011 Specialized Sexual Assault Services Funding

Agency Name: _____

Budget Cuts - In **priority** order, identify what should be cut from your proposed grant budget should fewer dollars be available. Total cuts should equal, or be close to, a maximum of \$5,000. Provide ALL the information requested.

Line Item Category and Item Description	Computation	Amount
e.g. Healing Workbooks for victims in Support Groups/Therapy	\$15 each x 30 victims/survivors	\$ (450)
TOTAL CUT AMOUNT		

Training Requirements and Qualifications

Submit training documentation for therapists, support group providers and medical social work providers. Please review the explanations below for more information about this requirement or refer to the Specialized Services Standards, Attachment A. *Reminder: OCVA tracks ongoing training hours for Specialized providers on a fiscal year (July –June) cycle.*

Therapists:

- Therapists who have been approved by OCVA and who have been providing Specialized Sexual Assault Therapy Services, must document that they received 6 hours of ongoing, sexual assault specific training in the past fiscal year (July 1, 2009 – June 30, 2010). Please document these hours under Section 3 on the OCVA Therapist Core Sexual Assault Training Form (Attachment D).
- Therapists who have received training on the required topics in Clusters 1 and 2 on the OCVA Therapist Core Sexual Assault Training Form but who have not been approved by OCVA, must attach a resume and complete Clusters 1 and 2 on the form (Attachment D). If the therapist completed the WCSAP core therapist training complete page 57 of Attachment D (instead of Clusters 1 and 2 on the form).
- Therapists who are new to providing services under this grant and who have not had training on the required topics or previous training approved by OCVA (see Clusters 1 and 2), please attach a resume and complete the “Proposal to Provide Therapy Services” of the OCVA Therapist Core Sexual Assault Training Form (Attachment D) indicating the therapist’s commitment and plan for completing the training.
- Please note: Therapists providing services with this funding are required to have a Master’s degree. Thus, coursework in a Master-level program will not substitute for initial or ongoing training requirements.

Support Group Providers:

- Providers who have been approved by OCVA and who have been providing Specialized Sexual Assault Support Group Services, must document that they received 12 hours of ongoing, sexual assault specific training in the past fiscal year (July 1, 2009 – June 30, 2010). **All ongoing training must be WCSAP approved.** Attach a separate page listing ongoing training (titles of workshops and hours).
- Providers who have not been approved by OCVA, must attach a job description and resume and complete the OCVA Core Sexual Assault Training Summary for Support Group Facilitators (Attachment C).

Medical Social Work Providers:

- Providers who have been approved by OCVA and who have been providing Medical Social Work services, must document that they received 12 hours of ongoing, sexual assault related training in the past fiscal year (July 1, 2009 – June 30, 2010). Attach a separate page listing ongoing training (titles of workshops and hours).
- Providers who have not been approved by OCVA must attach a resume and documentation of 12 hours of initial training relevant to sexual assault.

Subcontractors

If your agency/organization plans to work with a subcontractor to provide these services, subcontractors must also meet these training requirements.

Costs for Training

We strongly encourage applicants to include initial and/or ongoing training costs in their proposed budget. Please see the Proposed Budget section beginning on page 21 for more information.

Application Checklist

Please use this checklist to make sure you have completed the required materials to send to OCVA.

- _____ Agency/Organization Information Form
- _____ Subcontractor Information Form, *if applicable*
- _____ Service Assessment and FY 11 Services Plan Form
- _____ Proposed Services Form
- _____ Support Group Detailed Outline(s), *if applicable*
- _____ Budget Detail Worksheets (including budget add ins and budget cut sheets)
- _____ Budget Justification (noted on each budget worksheet)
- _____ One (1) clearly marked original and one unbound copy
- _____ Training Forms as needed (see below)

If you are unsure whether you need to include any of the forms listed below, please contact OCVA.

TRAINING FORMS	
For Support Group Providers: <u>New Support Group Providers on this Grant:</u> _____ Resume _____ Proposal (Attachment C) <u>OCVA-Approved Support Group Providers:</u> _____ List of Ongoing Training between July 1, 2009-June 30, 2010	For Therapy: <u>New Therapy Providers on this Grant:</u> _____ Proposal to Provide Therapy Services (Attachment D) _____ Section One _____ Section Two (if applicable) _____ Resume <u>OCVA-Approved Therapy Providers:</u> _____ List of Ongoing Sexual Assault Training Hours between July 1, 2009-June 30, 2010 (refer to Attachment D, Section Three)
For Medical Social Work Providers: <u>New Medical Social Work Providers on this Grant:</u> _____ Resume _____ Documentation of Initial Training <u>OCVA-Approved Medical Social Work Providers:</u> _____ List of Ongoing Training between July 1, 2009-June 30, 2010	

Attachment A

*Washington State
Department of Commerce
Office of Crime Victims Advocacy*

State of Washington Sexual Abuse/Assault Services Standards

FOR

Specialized Services

*Support Group
Therapy
Medical Social Work*

SUPPORT GROUP	
Definition	Regular facilitated meetings of victims and/or secondary victims of sexual abuse/assault with a supportive and educational focus.
Goal	To provide emotional stability and promote the understanding of the impact of sexual abuse/assault.
Duration	1 to 2 hour average length of time per session; 1 to 4 sessions per month; 3 months to a year
Activities	<ul style="list-style-type: none"> ■ Group meetings with a planned beginning and ending date and an outcome-based, structured agenda with a primary focus on sexual abuse/assault issues.
Service Recipients	<ul style="list-style-type: none"> ■ Adult or adolescent sexual abuse/assault victims ■ Non-offending parents of child sexual abuse/assault victims ■ Significant others who require help/assistance in order to address their own reactions to victimization and to effectively support the victim
Qualifications	<p>The facilitator must complete 30 hours of initial sexual abuse/assault training, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault. The facilitator must also have training in group process and interpersonal dynamics, and experience as a facilitator or co-facilitator.</p> <p>The facilitator must be supervised by a paid staff person with a minimum of a BA degree in Human Services or a related field plus two years of relevant experience or a combination of six years of relevant experience, education and training. The facilitator must be, or receive consultation on group process from, a Masters level therapist.</p>

March 1999

THERAPY		
Definition	A professional relationship within a theoretical framework that involves a specified helper gathering, systematizing and evaluating information and using techniques to address the effects of sexual abuse/assault.	
Goal	To identify, understand and ameliorate the effects of sexual abuse/assault; to promote healing and to integrate the sexual abuse/assault experience.	
Duration	1 hour average length of time per session; 1 to 4 sessions per month; 3 months to several years; additional therapy could be indicated, depending on the individual case.	
Activities	Assessment: <ul style="list-style-type: none"> ■ Psychosocial history taking ■ Psychological testing, or psychiatric evaluation (including mental status exam) ■ In-person interviews with victims and/or family members ■ Collateral contacts, including review of relevant documents, telephone/in-person contact with other providers ■ Report writing 	Therapy: <ul style="list-style-type: none"> ■ Individual, group or family therapy, based on current clinical therapeutic principles generally accepted as being appropriate to sexual abuse/assault ■ In-person visits in the office, on location or by phone ■ Family therapy can include a <u>treated</u> sexual offender in the course of reunification ■ Interpretation of findings and expert testimony ■ Consultation to other disciplines/systems
Service Recipients	<ul style="list-style-type: none"> ■ Child sexual abuse/assault victims ■ Adult or adolescent sexual abuse/assault victims with acute or past history of sexual abuse/assault ■ Non-offending parents whose children are sexual abuse/assault victims ■ Significant others who require help/assistance in order to address their own reactions to victimization and to effectively support the victim 	
Qualifications	<p>Practitioners must complete 23 hours of initial sexual abuse/assault training, plus 6 hours of ongoing sexual abuse/assault training annually. All trainings must be consistent with the OCVA therapist training standard. The practitioner must be knowledgeable about the principles of sound therapeutic practices with victims of sexual abuse/assault, including working with the continuum of sexual abuse/assault services and must understand victimization and demonstrate practices sensitive to sexual abuse/assault issues in therapy.</p> <p>Practitioners must be licensed psychiatrists or psychologists or be registered or certified professionals in the State of Washington and have a minimum of a master's degree in one or more the following: mental health counseling, marriage and family therapy, social work or related field. Practitioners who are completing an internship for a master's degree in any of the fields listed above and have completed the 23 hours of initial sexual abuse/assault training are also eligible providers, as long as they are receiving supervision from a person who meets the qualifications above. Interns must also complete 6 hours of ongoing sexual abuse/assault training annually. For practitioners conducting assessments of children, refer to the guidelines from the American Professional Society on the Abuse of Children.</p> <p>Therapists, as well as individuals conducting assessments, must have regular supervision, consultation and/or review of cases, preferably by a Washington State licensed psychiatrist, psychologist or certified therapist.</p>	

February 2002

Social Work for Medical Evaluations of Children & Vulnerable Adults	
Definition	Preparing victim for medical evaluation; preparing and passing on a complete case history for purposes of contributing to investigation.
Goal	To complete the medical evaluation in a manner that minimizes the traumatization of the victim and caregivers.
Duration	Generally one hour by phone for intake with parent/caretaker; brief calls between intake and evaluation to prepare a victim for and reduce her/his anxiety about the evaluation and investigation; one hour in-person during evaluation; and subsequent contacts, usually by phone, as needed.
Activities	<p>Psychosocial history-taking, including assessment of parental protectiveness and parental coping, documentation of family structure, family dynamics, and dynamics of abuse/assault as related by parent/caretaker.</p> <ul style="list-style-type: none"> ■ Interpretation of stages of child physical and psychosexual development, signs of stress and of child sexual assault ■ Interpretation of medical evaluation process, indications for doing lab work, and meaning of possible physical findings ■ Interpretation of law enforcement investigation process and parent/caretaker role in same, including compliance with mandated reporting ■ Interpretation of child protective services functions and parent/caretaker role in same, including compliance with mandated reporting ■ Referral to appropriate CSAP for advocacy ■ Referral to therapy resources, including explanation of and assistance with Crime Victims Compensation application ■ When appropriate, communicate directly with child or adolescent victim to allay anxiety about medical evaluation ■ Crisis counseling for the purposes of preparing victim for the medical evaluation and to pass on a complete case history for purposes of investigation
Service Recipients	<ul style="list-style-type: none"> ■ Non-offending parent/caretakers of child and adolescent victims of sexual abuse/assault ■ Child and adolescent victims ■ Vulnerable adult victims and their caretakers or care managers
Qualifications	<p>Master's degree in social work or related field or licensure as a Registered Nurse, Nurse Practitioner, Medical Doctor or Physician's Assistant. Employed by or granted with a licensed medical institution or provider. Twelve hours of initial sexual assault/abuse training, plus twelve hours per year ongoing training. Practitioners who are completing an internship for any of the fields listed above and have completed the 12 hours of initial sexual abuse/assault training are also eligible providers, as long as they are receiving supervision from a person who meets the qualifications above.</p>

February 2002

Attachment B

***Washington State
Department of Commerce
Office of Crime Victims Advocacy***

State of Washington Sexual Abuse/Assault Services Standards

FOR

Core Services for Community Sexual Assault Programs Only

***Information, Referral, and Awareness
Crisis Intervention
General Advocacy
Legal Advocacy
Medical Advocacy
System Coordination
Prevention: Community Development
Prevention: Building Skills***

INFORMATION, REFERRAL and AWARENESS	
Definition	<p>This standard has two purposes:</p> <ul style="list-style-type: none"> ■ Responding 24 hours a day in person or by phone to direct requests for information or assistance related to sexual abuse/assault and available services. ■ Conducting community awareness activities related to sexual abuse/assault and available services to the community at-large.
Goal	To provide sexual abuse/assault related information and resources.
Duration	Information and referral contacts are usually one-time. Awareness activities are usually one-time, but may reoccur.
Activities	<ul style="list-style-type: none"> ■ Assist individuals in evaluating what is needed including available and appropriate services and/or resources. ■ Provide information verbally or in writing such as: <ul style="list-style-type: none"> ▪ Available services (including advocacy services provided by the CSAP) ▪ Referrals to appropriate and relevant resources addressing individuals' needs ▪ Information regarding sexual abuse/assault <p>Information may be provided through:</p> <ul style="list-style-type: none"> ▪ Individual contact ▪ Outreach to underserved communities ▪ Distribution of Materials ▪ Public Speaking/Presentations ▪ Community Education Events
Recipients	<p>Any community members such as:</p> <ul style="list-style-type: none"> ■ Non-offending parents of child victims ■ Victims/Survivors ■ Significant others who require assistance in order to address their own reactions to the victimization and to effectively support the victim ■ Those whose work brings them into contact with people who have been victimized: health care, mental health, education, law enforcement, legal, social service personnel ■ Community groups ■ Marginalized and Native American communities ■ General community
Qualifications	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.</p>

March 2010

CRISIS INTERVENTION	
Definition	An immediately available 24-hour personal response provided in a variety of settings to an individual presenting a crisis related to sexual abuse/assault.
Goal	To alleviate acute distress of sexual abuse/assault, to begin stabilization, and assist in determining the next steps.
Duration	Short term. May be episodic.
Activities	Activities to alleviate acute stress including: <ul style="list-style-type: none"> ■ Information about the effects of victimization ■ General information about medical and legal issues (Case specific information – see Legal/Medical Advocacy) ■ Information on services available in the community
Service Recipients	<ul style="list-style-type: none"> ■ Child sexual abuse/assault victims ■ Adult or adolescent sexual abuse/assault victims ■ Non-offending parents whose children are sexual abuse/assault victims ■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim
Qualifications	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, which must include at least four hours of crisis intervention, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.</p>

March 1999

GENERAL ADVOCACY	
Definition	Personal support and/or assistance in accessing sexual abuse/assault related services.
Goal	To ensure needed services and adequate support to enhance recovery from sexual abuse/assault
Duration	Generally, 1 to 4 times per month; 3 months to a year
Activities	<p>All activities and services are client-focused and case specific.</p> <ul style="list-style-type: none"> ■ Ongoing personal support, including outreach calls/visits (including in-patient or residential care settings) ■ Practical help as needed; information and referrals which are case specific and client focused ■ Ongoing, repetitive crisis intervention ■ Arranging for services to enhance recovery (e.g., health, financial, housing) ■ Consulting with others (such as CPS, APS, Indian Child Welfare) regarding an individual case
Service Recipients	<ul style="list-style-type: none"> ■ Adult/adolescent sexual abuse/assault victims ■ Non-offending parents whose children are sexual abuse/assault victims ■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim
Qualifications	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.</p>

March 1999

LEGAL ADVOCACY	
Definition	Acting on behalf of and in support of victims of sexual abuse/assault on a 24-hour basis to ensure their interests are represented and their rights upheld.
Goal	To assist gaining knowledge of the criminal justice system, gain access to all avenues of participation in the legal system and to promote the responsiveness of individual legal system participants.
Duration	Up to several years
Activities	<p>All activities and services are client-focused and case specific. For general information regarding legal advocacy, see Information & Referral.</p> <ul style="list-style-type: none"> ■ Assistance in making informed decisions about police reporting and the preparations needed, including the possibility of CVC benefits ■ Information about the criminal justice systems, civil remedies, and Dependency, Family and Juvenile Courts, including follow-up ■ Support at interviews, trial and sentencing ■ Assistance in preparing for court; informing the victim of her/his rights in legal settings ■ Active monitoring of case through the legal system ■ Assistance with protective/no-contact/anti-harassment orders
Service Recipients	<ul style="list-style-type: none"> ■ Child sexual abuse/assault victims ■ Adult/adolescent sexual abuse/assault victims ■ Non-offending parents whose children are sexual abuse/assault victims ■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim
Qualifications	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, which must include at least four hours of legal advocacy, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.</p>

March 1999

MEDICAL ADVOCACY	
Definition	Acting on behalf of and in support of victims of sexual abuse/assault on a 24-hour basis to ensure their interests are represented and their rights upheld.
Goal	To assist the victim to regain personal power and control as s/he makes decisions regarding medical care and to promote an appropriate response from individual service providers.
Duration	May vary significantly depending upon client's medical needs as related to the sexual assault.
Activities	<p>All activities and services are client-focused and case specific. For general information regarding medical advocacy, see Information & Referral.</p> <ul style="list-style-type: none"> ■ Assistance in making informed decisions about medical care and the preparations needed, including referral for possible forensic exam ■ Information about medical care/concerns, including assistance with needed follow-up ■ Support at medical exams and appointments ■ Information and/or assistance with Crime Victim Compensation applications
Service Recipients	<ul style="list-style-type: none"> ■ Child sexual abuse/assault victims ■ Adult/adolescent sexual abuse/assault victims ■ Non-offending parents whose children are sexual abuse/assault victims ■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim
Qualifications	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, which must include at least four hours of medical advocacy, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (both the curriculum and the trainer). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.</p>

March 1999

SYSTEM COORDINATION	
Definition	Coordination of the service system entails the development of working relationships and agreements (formal and informal) among programs and services with a role in the array of sexual abuse/assault service provision with the goal of improving service delivery
Goal	To operate a permanent, client-centered system which offers, or assures access to, a comprehensive continuum of specialized sexual abuse/assault services, which is mutually accountable despite individual changes over time in regulations, procedures or people who provide service.
Duration	An on-going process
Eligible Activities	<ul style="list-style-type: none"> ■ Develop partnerships ■ Increase collaboration ■ Assess gaps in service ■ Foster cooperation ■ Develop accountability process ■ Develop new ways of delivering services
Potential Participants	<ul style="list-style-type: none"> ■ Law enforcement ■ Prosecutors ■ Judiciary ■ Child Protective Services (CPS) ■ Schools ■ Social services (private and public) ■ Mental health services ■ Medical facilities/practitioners ■ Emergency services ■ Other relevant groups, task forces, networks and individuals
Qualifications	<p>System coordination should be initiated and led by a Community Sexual Assault Program.</p> <p>The staff and volunteers representing the Community Sexual Assault Program should represent the issues of sexual abuse/assault to the community accurately, fairly and regularly. They should understand the public policy-making process, build coalitions and articulate opinion to shape public policies that are beneficial for the organization and victims of sexual abuse/assault.</p> <p>They should commit to building community around sexual abuse/assault issues; promote effective relations among diverse agencies working with victims of sexual abuse/assault; facilitate cooperation between all of the agencies/organizations involved with victims of sexual abuse/assault.</p> <p>They also should encourage cooperation and collaboration with other organizations, seeking ways to improve services and/or reduce costs through cooperative efforts; share expertise with others to achieve partnerships; and organize and operate partnerships effectively.</p>

March 1999

PREVENTION: COMMUNITY DEVELOPMENT	
Definition	Promoting attitudes, behaviors and social conditions that will reduce and ultimately eliminate factors that cause or contribute to sexual violence. ¹
Goal	To change the norms, values, beliefs and attitudes that cause sexual violence through the shifting of ownership of solutions from social services to the community. ²
Duration	Varies with activities and opportunities. Complete projects may take more than one year.
Activities	<p>Any primary prevention activities (aimed at prevention of sexual violence before it occurs) that are part of community development efforts.</p> <p>Community Development Process:</p> <ol style="list-style-type: none"> 1. Establishing relationships within communities, ensuring the inclusion of marginalized and underserved communities 2. Recruiting stakeholders from a chosen community 3. Asking: Why does sexual violence happen here? (A) 4. Asking: What would it be like without sexual violence? (B) 5. Developing a plan to get from A to B. 6. Asking: how will we know we are accomplishing anything? 7. Carrying out the plan. 8. Evaluation and revision.
Participants	Stakeholders, Community ³
Qualifications	<p>Social change efforts should be initiated and led by a Community Sexual Assault Program. All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, and the 5-hour WCSAP prevention orientation. 12 hours of on-going training is required annually. All training must be approved by the Washington Coalition of Sexual Assault Programs. The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault. Providers must have an understanding of the causes of sexual violence, prevention and social change theory, community development techniques and have demonstrated experience in educational techniques appropriate to their audience.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and the 5-hour prevention orientation, and has two years of relevant experience. The supervisor should observe the provider's training on a periodic basis.</p>

March 2010

¹ Sexual violence is physical, emotional, social economic, cultural, spiritual and/or political acts and/or behaviors that use sex and/or sexuality as tools of violence and oppression against children, youth, women and men

² Revised goal from the updated Washington State Prevention Plan 2009.

³ A community is any definable group of people who share concerns or interests.

PREVENTION: BUILDING SKILLS	
Definition	Programs and presentations focused on building skills within the community to prevent sexual abuse/assault.
Goal	To build skills and develop strategies within the community to prevent sexual abuse/assault.
Duration	Varies with activities and opportunities.
Activities	<p>Any primary prevention activities (aimed at prevention of sexual violence before it occurs) that are part of building skills efforts. Activities should be consistent with the elements of the Nine Principles of Effective Prevention.¹</p> <ul style="list-style-type: none"> ■ A multisession program or set of activities that: <ul style="list-style-type: none"> ■ Enhance personal safety skills ■ Promote nonviolent behavior ■ Enhance bystander intervention skills ■ Addresses topics logically connected with sexual assault prevention (such as communication, trust, gender, boundaries, respect, building assets, social norms); or ■ Prevention activities aimed at a specific community or institution that reach more than one level of the social-ecological model.² <ul style="list-style-type: none"> <u>Individual</u>: activities aimed at changing or influencing attitudes and beliefs. <u>Relationship</u>: activities aimed at influencing how people relate with their peers, families or intimate partners. <u>Community</u>: activities aimed at influencing culture, systems and policies in a given setting. <u>Society</u>: activities aimed at influencing larger macro-level factors such as gender inequality, religious beliefs, cultural beliefs system, societal norms, etc.
Participants	<p>Individuals and groups in the general community such as:</p> <ul style="list-style-type: none"> ■ Children ■ Teens ■ Parents/ Caregivers ■ Community members ■ Service providers
Qualifications	<p>Prevention efforts are best provided by, or under the auspices of, a Community Sexual Assault Program.</p> <p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, and the 5-hour WCSAP prevention orientation. 12 hours of on-going training is required annually. All training must be approved by the Washington Coalition of Sexual Assault Programs. The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault. Providers must have an understanding of the causes of sexual violence, prevention and social change theory, community development techniques and have demonstrated experience in educational techniques appropriate to their audience.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and the 5-hour prevention orientation, and has two years of relevant experience. The supervisor should observe the provider's training on a periodic basis.</p>

March 2010

¹ Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). **What works in prevention: Principles of Effective Prevention Programs.** *American Psychologist*, 58, 449-456.

² Levels of influence from the Social Ecological Model of Prevention, (National Center for Injury Prevention and Control, Centers for Disease Control and Prevention).

Attachment C

Core Sexual Assault Training Summary For Support Group Facilitators

Who needs to complete this form: Support Group facilitators that **have not** been previously been approved by OCVA.

Purpose: To ensure providers of support groups have basic (core) knowledge about the dynamics of sexual violence, group process and interpersonal dynamics.

Requirements: Document you have received a minimum of 30 hours of training in core sexual assault issues and have received training in group process and interpersonal dynamics. The 30 hours must include the minimum number of hours in each cluster. **All** thirty hours of training must have been received in the past five years from the date of proposal.

How to document training:

There are two ways to satisfy the core training requirement.

- 1) Completion of Section One; attend a 30-hour core training offered by a Community Sexual Assault Program (CSAP) or
- 2) Complete Section Two; list education/training you have attended on topics covered in the core training curriculum.

Of the total 30 hours, 15 hours must be approved by the Washington Coalition of Sexual Assault Programs (WCSAP). A provider may begin to provide services under a Specialized Services grant after documenting a minimum of 15 hours of training in Section Two. However, the remaining 15 hours must be completed within six (6) months of this proposal.

A six-month training plan must be described in Section Three. *Facilitators must also receive training in group process and interpersonal dynamics.*

Washington State
Department of Community, Trade and Economic Development
Office of Crime Victims Advocacy

***CORE SEXUAL ASSAULT TRAINING SUMMARY
FOR SUPPORT GROUP SERVICES FACILITATORS***

Name: _____ Organization/Affiliation: _____

Mailing Address: _____ City: _____ State: _____

Phone: _____ FAX: _____

Section One

In the last five years I have completed 30 hours of WCSAP Certified Core Sexual Assault training from an Accredited Community Sexual Assault Program and have received additional training in group process and interpersonal dynamics.	# of Hours of Training Received	Date/s of Training	Name of CSAP/provider that provided the training	County in which training was held
30 hours Core _____ Yes _____ No Training in Group Process _____ Yes _____ No <i>and</i> Interpersonal dynamics (If you answered No, you MUST complete Section Three of this proposal)				

I verify that all the information provided on this proposal is true and accurate.

Signature: _____ Date: _____

Section Two
Core Sexual Assault Training Summary
for Support Group Facilitators

Directions: Please list the training you have received on topics in the four clusters listed below. **Each topic must be covered.** Add up the total number of training hours in each cluster.

Cluster #1 – Philosophical Foundations
(6 of the 30 hours of required training must be in Cluster #1)

Cluster #1	# of Hours	WCSAP Approved	Date of Training	Name of Trainer/ Training	Sponsoring Organization
Mission/Philosophy					
Underlying Conditions Contributing to Sexual Violence					
Diversity					
Empowerment					
Ethics: <ul style="list-style-type: none"> • Confidentiality • Boundaries • Conflict of Interest • Informed Consent 					
CLUSTER #1 – TOTAL HOURS					

**Cluster #2 – Crisis Intervention/ Support/ Information and Referral
(15 of the 30 hours of required training must be in Cluster #2)**

Cluster #2	# of Hours	WCSAP Approved	Date of Training	Name of Trainer/ Training	Sponsoring Organization
Definitions and Continuum of Sexual Violence					
Dynamics of Child, Adolescent, and Adult Sexual Assault					
Male Victimization					
Effects of Victimization					
Crisis/Trauma Theory					
Advocacy and Counseling Skills					
Listening and Communication Skills					
Cultural Competency					
Grief and Coping Skills					
Empathy					
CLUSTER #2 – TOTAL HOURS					

Cluster #3 – Advocacy
(6 of the 30 hours of required training must be in Cluster #3)

Cluster #3	# of Hours	WCSAP Approved	Date of Training	Name of Trainer/ Training	Sponsoring Organization
Support and Service Options for Victims					
Rights of Victims					
Crime Victims Compensation (CVC)					
Components of Legal Advocacy					
Criminal Justice Process					
Crime Reporting and Mandated Reporting					
Civil Remedies					
Civil and Criminal Court Orders					
Medical Concerns and Treatment for Sexual Assault Survivors					
Components of Medical Advocacy					
Medical Forensic Examination and Evidence Collection					
Paperwork, such as victim-impact statements, CVC forms, etc.					
Community Resources					
CLUSTER #3 – TOTAL HOURS					

Cluster #4 – Working Collaboratively
(3 of the 30 hours of required training must be in Cluster #4)

Cluster #4	# of Hours	WCSAP Approved	Date of Training	Name of Trainer/ Training	Sponsoring Organization
Role Clarification and Boundaries					
Professionalism and Service Standards					
How Local Agencies are Connected and/or Interconnected					
Relationships with CPS and Law Enforcement re: Mandated Reporting					
Accessing Additional Services					
Paperwork and Documentation					
CLUSTER #4- TOTAL HOURS					

TOTAL HOURS OF TRAINING (Clusters 1 through 4)	
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Section Three
Core Sexual Assault Training Summary
for Support Group Facilitators

I verify that all the information provided on this proposal is true and accurate.

Name: _____

Signature: _____ Date: _____

Attachment D

Core Sexual Assault Training Summary For Therapists

Purpose:

To ensure providers of sexual assault therapy services have core knowledge about the dynamics of sexual violence. This standard reflects a philosophical approach to services which emphasizes an empowerment approach to working with survivors of sexual violence. Although numerous therapeutic modalities exist, the standard focuses on the empowerment model because of the model's client-centered nature and its potential to support survivors of sexual violence in reclaiming power in their lives. Thus, services are approached from a client-centered belief that survivors possess the strengths to create growth in their lives and to construct their own meaning from their victimization experience. The empowerment approach also places survivors in the context of their environment and of society. From this perspective, clients' struggles are viewed not as individual pathology, but as the natural result of experiencing sexual violence, which is largely perpetuated by our societal context. The following training standards are intended to reflect these principles and to support therapists in empowering survivors of sexual violence.

Who needs to complete this form:

Therapists **who are not approved** by OCVA and who will be providing services funded by OCVA through a service grant or subgrant.

Requirements:

Therapists who have not been approved as a provider need to document they have received a minimum of 23 hours of training in core sexual assault issues.

The 23 hours must include the minimum number of hours from Cluster One and Cluster Two.

All 23 hours of training must have been received in the past five years from the date of proposal. Therapists providing services with this funding are required to have a Master's degree. Thus, coursework in a Master-level program will not substitute for initial or ongoing training requirements.

Therapists who have not been approved as a provider will be required to obtain the minimum 23 hours of training within their first six months of their granted work. During this first six months, these therapists can provide services to clients.

Therapists who have already been approved as a provider must complete six hours of ongoing training per State fiscal year on topics listed in Section Three of this form.

How to Document the Initial Core Training:

There are two ways to document the required initial core training hours:

- 1) Completion of Section **One**; confirm attendance at a 23-hour therapist core training offered by the Washington Coalition of Sexual Assault Programs (WCSAP).

OR

- 2) Completion of Section **Two**; list education/training you have attended on topics covered in the core therapist training curriculum.

If at the time of proposal the therapist has not completed the 23-hour Sexual Assault Core Training, include a training plan for the completion of the training requirements. You may include it in Section 1 of this document.

How to Document Ongoing Training:

To document required ongoing training hours refer to Section Three of this form.

CORE SEXUAL ASSAULT TRAINING SUMMARY FOR THERAPISTS

Name: _____

Organization/Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Section One

In the last five years I have completed the 23 -hour Therapist Core Sexual Assault training from WCSAP.	# of Hours of Training Received	Date/s of Training	Location of training
_____ Yes (No further documentation required; please submit copy of Certificate of Training Completion with this proposal form)			
_____ No (select one of the following) _____ but I have obtained 23 hours of sexual assault training on the required topics within the last 5 years. (Please complete Section Two of this form) OR _____ but I will attend 23-hours of initial sexual assault training within the first six months of providing therapy services. (Please complete training plan below)			

My Training Plan to Complete the Core Therapist Training Requirements (*complete only if you have not fulfilled the required training requirements*):

_____ I will attend the WCSAP Core Therapist Training on _____

OR

_____ I will attend the following trainings: _____

I verify that all the information provided on this proposal is true and accurate.

Signature: _____ Date: _____

Section Two

Core Sexual Assault Training Summary

Cluster #1 – Philosophical Foundations and Clinical Base

Therapists must obtain or demonstrate that they have received a minimum of 8 hours total of training which encompasses all of the following topics as they relate to the issue of sexual victimization. Informal trainings such as consultation or individual supervision on these topic areas will not be acceptable substitutes. This training may be received as part of a Community Sexual Assault Program – sponsored core training.

Cluster #1	# of Hours	Date of Training	Name of Trainer/ Training	Sponsoring Organization
Dynamics of sexual victimization including sexual harassment, sexual abuse and rape				
Underlying conditions that perpetuate sexual assault				
Systems Issues (CPS, law enforcement, legal system, county protocols, related State Agencies etc) and how the client and therapist are affected by them				
Social Change Theory				
Relationship between therapy and advocacy				
Local CSAP as a resource and role of CSAP in community				
Therapists as social activists				
Sexual Assault Prevention				
CLUSTER #1 – TOTAL HOURS				

Name of Therapist: _____

Cluster #2 – Trauma Treatment/Clinical Approaches from an Abuse Perspective

Therapists must obtain or demonstrate that they have received a minimum of 15 hours total of training which encompasses all of the following topics as they relate to the issue of sexual victimization. Informal trainings such as consultation or individual supervision on these topic areas will not be acceptable.

Cluster #2	# of Hours	Date of Training	Name of Trainer/ Training	Sponsoring Organization
Assessment and Treatment of the symptoms, effects and impact of sexual assault, abuse and harassment related to children, adolescents and adults. A minimum of 10 hours of training must be received in this topic area which addresses the following: - PTSD & Differential Diagnosis - Research based Intervention and Treatment Plans - Sexual Development - Gender Differences - Cultural Competency				
Therapeutic Environment. A minimum of 2 hours of training must be received in this topic area which addresses the following: - Client/Therapist relationship boundaries - Therapist Neutrality - Establishing Safety				
Vicarious Traumatization. A minimum of 2 hours of training must be received in this topic area which addresses the following: - Impact on Client Relationship - Clinical Supervision and Consultation				
System Issues. A minimum of 1 hour of training must be received in this topic area which addresses the following: - Clarification of Clinical and Forensic Objectives and Roles - Mandatory Reporting				
CLUSTER #2 – TOTAL HOURS				

Name of Therapist: _____

Section Three

Ongoing Sexual Assault Training for Therapists

All therapists must complete a minimum of 6 hours of sexual assault training each State fiscal year (July 1 to June 30) following the State fiscal year in which they are approved. Topics listed below are eligible subjects for this ongoing training requirement. OCVA will not accept non-sexual assault specific trainings for this ongoing requirement. Informal trainings such as consultation or individual supervision on these topic areas will not be acceptable substitutes.

Please submit a list of training(s) attended between July 1, 2009 – June 30, 2010. You need only list the hours of training needed to meet the training requirement. Please include the therapist name, dates of training, number of hours, name of trainer/training and the sponsoring organization.

- PTSD & Differential Diagnosis
- Research based Intervention and Treatment Plans
- Sexual Development
- Gender Differences
- Cultural Competency
- Client/Therapist relationship boundaries
- Therapist Neutrality
- Establishing Safety
- Impact on Client Relationship
- Clinical Supervision and Consultation
- Clarification of Clinical and Forensic Objectives and Roles
- Mandatory Reporting
- Understanding juvenile and adult offender behavior
- Understanding sexually reactive behavior or sexual behavior problems of children under 12 years old
- Interfamilial sexual assault
- Trauma and brain development
- Sexual assault in the context of domestic violence
- Treatment with non-offending caregivers, partners, or family members of victims
- Issues of memory and suggestibility
- Child development and its proposal to victims
- Human growth and development and its proposal to victims
- Personality development and its proposal to victims
- Transference/counter transference
- Ethics and/or record keeping
- Differentiating diagnosis – therapeutic approaches
- Interviewing and assessing children
- Treating sexually reactive behavior in the context of abuse focused therapy
- Providing clinical supervision
- Sexuality issues of sexual assault victims
- Impact of trauma on attachment
- Dissociative disorders
- Chemical dependency and the sexual assault victim
- Reunification practice for incest families
- Group treatment
- Resiliency
- Non-cognitive behavioral approaches to treatment as they relate to sexual assault focused therapy (ie. EMDR, sand tray)
- Clinicians and the legal system: preparing clients for court and clinicians preparation for court testimony
- Crime Victims Compensation
- Community Protocols
- Working with the medical community
- Complex cases involving multiple victims/multiple offenders

Attachment E
Community Sexual Assault Programs
March 2010

Abused Deaf Women's Advocacy Services

Marilyn Smith, Executive Director
8623 Roosevelt Way NE
Seattle, WA 98115
Phone: (206) 726-0093
E-mail: marilyn@adwas.org
County: King

Alternatives to Violence of the Palouse

Christine Wall, Executive Director
PO Box 37
NW 1125 Nye Street
Pullman, WA 99163
Phone: (509) 332-0552
E-mail: christine@atvp.org
County: Whitman

Beyond Survival

Doreen Winningham, Executive Director
PO Box 203
117 E 3rd St
Aberdeen, WA 98520
Phone: (360) 533-9751
E-mail: beyondsed@coastalcap.org
County: Grays Harbor

Center for Advocacy & Personal Development

Julianna Miljour, Executive Director
P.O. Box 1576
Shelton, WA 98584
Phone: (360) 427-1686
E-mail: miljourj@cs.com
County: Mason

Central Washington Comprehensive Mental Health

Katie Salvo, Victim Services Program Manager
220 West 4th
Ellensburg, WA 98926
Phone: (509) 925-9384
E-mail: ksalvo@cwcmh.org
County: Kittitas

Central Washington Comprehensive Mental Health

Kim Foley, Sexual Assault Program Manager
402 S 4th Ave
PO Box 959
Yakima, WA 98907
Phone: (509) 576-4326
E-mail: kfoley@cwcmh.org
County: Yakima

Citizens Against Domestic & Sexual Abuse

Margery Porter, Executive Director
PO Box 190
Oak Harbor, WA 98277
Phone: (360) 675-7057
E-mail: margie@cadacanhelphelp.org
County: Island

Crisis Support Network

Kris Camenzind, Executive Director
PO Box 311
Raymond, WA 98577
Phone: (360) 875-6702
E-mail: csn1@centurytel.net
County: Pacific

**Domestic & Sexual Violence Center of
Chelan & Douglas Counties**

MaryAnne Preece, Executive Director
PO Box 2704
1207 N Wenatchee Ave
Wenatchee, WA 98807
Phone: (509) 663-7446
E-mail: maryannep@nwi.net
County: Chelan

Dove House Advocacy Services

Cheryl Bozarth, Executive Director
PO BOX 743
Port Townsend, WA 98368
Phone: (360) 385-5292
E-mail: director@dvsajeffco.org
County: Jefferson

**Domestic Violence & Sexual Assault
Services of the San Juan Islands**

Anita Castle, Executive Director
PO Box 1516
Eastsound, WA 98245
Phone: (360) 376-5979
E-mail: dvsasorcass@rockisland.com
County: San Juan

**Domestic Violence & Sexual Assault
Services of Whatcom County**

Karen Burke, Executive Director
1407 Commercial St
Bellingham, WA 98225
Phone: (360) 671-5714
E-mail: kburke@dvsas.org
County: Whatcom

Emergency Support Shelter

Sherrie Tinoco, Executive Director
PO Box 877
Kelso, WA 98626
Phone: (360) 425-1176
E-mail: sherriet@cascadenetworks.net
County: Cowlitz

Family Crisis Network

Jacqueline Kiehn, Executive Director
W 730 1st St
PO Box 944
Newport, WA 99156
Phone: (509) 447-2274
E-mail: jackie@pofcn.org
County: Pend Oreille

**Family Resource Center of Lincoln
County**

Lynne Kuchenbuch, Executive Director
PO Box 1130
620 Park Street
Davenport, WA 99122
Phone: (509) 725-4358
E-mail: lynne@frcoflincolncounty.org
County: Lincoln

Ferry County - Connections Program

Kate Rowe-Maloret, Director
42 Klondike Rd
PO Box 1158
Republic, WA 99166
Phone: (509) 775-3331
E-mail: krowemaloret@fccs1.org
County: Ferry

Forks Abuse Program

Ann Simpson, Executive Director
PO Box 1775
Forks, WA 98331
Phone: (360) 374-6411
E-mail: ann.simpson@forksabuseprogram.org
County: Clallam

**Harborview Center for Sexual Assault &
Traumatic Stress**

Laura Merchant, Assistant Director
401 Broadway
Seattle, WA 98104
Phone: (206) 521-1133
E-mail: lmerchan@u.washington.edu
County: King

Harborview Children's Response Center

Deborah Doane, Executive Director
1120 112th Ave NE Ste 130
Bellevue, WA 98004
Phone: (425) 467-3381
E-mail: ddoane@u.washington.edu
County: King

Healthy Families of Clallam County

Becca Korby, Executive Director
1210 East Front, Suite C
Port Angeles, WA 98362
Phone: (360) 452-3811
E-mail: healfam2@olypen.com
County: Clallam

Human Response Network

Joan Caywood, Executive Director
PO Box 337
125 NW Chehalis Ave.
Chehalis, WA 98532
Phone: (360) 748-6601
E-mail: joanc@hrnlc.org
County: Lewis

King County Sexual Assault Resource Center

Mary Ellen Stone, Executive Director
PO Box 300
Renton, WA 98057
Phone: (425) 226-5062
E-mail: mstone@kcsarc.org
County: King

Kitsap Sexual Assault Center

Martha Wescott, Executive Director
PO Box 1936
Port Orchard, WA 98366
Phone: (360) 479-1788
E-mail: ksac@wavecable.com
County: Kitsap

Lower Valley Crisis & Support Services

Julia Hart, Executive Director
PO Box 93
600 North Avenue
Sunnyside, WA 98944
Phone: (509) 837-6689
E-mail: ed_lvcss@yahoo.com
County: Yakima

Lutheran Community Services Northwest

Adam Shipman, Director of Advocacy and Education
210 W Sprague Ave
Spokane, WA 99201
Phone: (509) 747-8224
E-mail: ashipman@lcsnw.org
County: Spokane

New Hope Domestic Violence & Sexual Assault Services

Suzi Fode, Program Director
P.O. Box 1057
840 E. Plum
Moses Lake, WA 98837
Phone: (509) 764-8402
E-mail: suzif@gcnewhope.org
County: Grant

Providence Intervention Center for Assault & Abuse

Gayle Ossenkop-Faubion
PO Box 1067
916 Pacific Avenue
Everett, WA 98206-1067
Phone: (425) 252-4800
E-mail: cheryl.sackrider@providence.org
County: Snohomish

Quality Behavioral Health

Danika Roberts, Program Manager
900 - 7th St
Clarkston, WA 99403
Phone: (509) 758-3341
E-mail: droberts@qbhs.org
County: Asotin

Rural Resources Community Action

Nancy Foll, Family Services Director
956 S Main St Ste A
Colville, WA 99114
Phone: (509) 685-6087
E-mail: nfoll@ruralresources.org
County: Stevens

Safeplace

Mary Pontarolo, Executive Director
314 Legion Way SE
Olympia, WA 98501
Phone: (360) 786-8754
E-mail: maryp@safeplaceolympia.org
County: Thurston

Sexual Assault Center of Pierce County

Stephanie Sacks, Interim Executive Director
633 N Mildred Ste J
Tacoma, WA 98406-1725
Phone: (253) 597-6424
E-mail: stephanie@sexualassaultcenter.com
County: Pierce

Sexual Assault Response Center

JoDee Garretson, Executive Director
830 N Columbia Center Blvd Ste H
Kennewick, WA 99336
Phone: (509) 374-5391
E-mail: sarced@verizon.net
County: Benton

Skagit Domestic Violence & Sexual Assault Services

Emily O'Connor, Executive Director
PO Box 301
Mount Vernon, WA 98273
Phone: (360) 336-9591
E-mail: emilyo@skagitdvsas.org
County: Skagit

Skamania County Council on Domestic Violence & Sexual Assault

Ellen Jensen, Executive Director
PO Box 477
27 Russell Avenue
Stevenson, WA 98648
Phone: (509) 427-4210
E-mail: sccdvs@gorge.net
County: Skamania

St. James Family Center

Beth Hansen, Program Coordinator
1134 Columbia St
Cathlamet, WA 98612
Phone: (360) 795-6401
E-mail: bhansen@stjamesfamilycenter.org
County: Wahkiakum

The Support Center

Margo Amelong, Executive Director
PO Box 3639
619 S Second
Omak, WA 98841
Phone: (509) 826-3221
E-mail: mamelong@ncidata.com
County: Okanogan

**Washington Gorge Action Programs:
Programs for Peaceful Living**

Gretchen Olsen, Program Director
1250 E Steuben St
Bingen, WA 98605
Phone: (509) 773-6100
E-mail: golsen@gorge.net
County: Klickitat

YWCA of Clark County

Joan Renner, Program Director

3609 Main St

Vancouver, WA 98663

Phone: (360) 696-0167

E-mail: jrenner@ywcacclarkcounty.org

County: Clark

YWCA of Walla Walla

Anne-Marie Zell-Schwerin, Executive
Director

213 S First St

Walla Walla, WA 99362

Phone: (509) 525-2570

E-mail: aschwerin@ywcaww.org

County: Walla Walla

Attachment F

Change in Configuration of Services

As part of the 2009-2011 RFP for Specialized Services, each region completed a community planning process. If your region wishes to change the configuration of services and/or proportion of funding among award recipients, you must reconvene a community planning process.

Elements which must be present in this process include:

- A planning meeting with original community stakeholders, which must also include 2009-2011 RFP award recipients;
- A review of the original 2009-2011 plan; and
- A discussion of changes to the original plan and the rationale for these changes.

Based on the decisions made through the region's community planning process, applicants must submit proposed changes to OCVA. Your proposal must provide a:

- List of participants;
- Detailed description of the process that resulted in the decision to change the configuration of services and/or allocation of funding among award recipients; and
- Description of the changes in the configuration of services and any changes in award amounts for FY 2011.

Please attach a separate sheet with the description of your region's community planning process.